FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVIB APPROVAL										
OMB Number:	3235-0287									
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hours per response:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* WHEAT DOUGLAS D					2. Issuer Name and Ticker or Trading Symbol AMN HEALTHCARE SERVICES INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
<u> </u>	<u>I DOCO</u>	EIIO D			AM	AMN]							X	Directo	or		10% Ov	/ner		
(Last) (First) (Middle)						-								Officer below)	(give title		Other (s below)	pecify		
180 STATE STREET						3. Date of Earliest Transaction (Month/Day/Year) 04/17/2020														
SUITE 2	30					3 11 27/12/20														
							ndmer	nt, Date o	of Origina	Filed	I (Month/D	ay/Year)			6. Individual or Joint/Group Filing (Check Applicable					
(Street)					Line) X Form filed by One Reporting Person															
SOUTHLAKE TX 76092					Form filed by More than One Reporting Person															
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,		3. Transaction Code (Instr. 3, 5) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Securition Beneficion Owned		es Form ially (D) (Following (I) (I		m: Direct or Indirect	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)		rice	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 04/17/2					7/2020)			M ⁽¹⁾		2,90	7 A	. 9	\$0.00	00 2,907			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		n of E		5. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	(A)		Date Exercisal		Expiration Date	Title	Amo or Num of Sha	nber						
Restricted Stock Units	(2)	04/17/2020			М			2,907	(3)		(4)	Common Stock	2,9	007	\$0.00	0		D		

Explanation of Responses:

- 1. AMN Common Stock acquired on the vesting of Restricted Stock Units ("RSUs").
- 2. The RSUs were granted pursuant to the AMN Healthcare 2017 Equity Plan. Each RSU represents a contingent right to receive one share of AMN Common Stock.
- 3. The RSUs were granted on April 17, 2019 and vest on the earlier of (i) the one year anniversary of the grant date, or (ii) the date of the Company's 2020 Annual Meeting of Shareholders. Accordingly, the number of RSUs identified in this row vested on April 17, 2020.
- 4. RSUs do not have an expiration date.

Remarks:

/s/ Denise L. Jackson, as

Attorney-In-Fact on behalf of 04/21/2020

Douglas D. Wheat

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.